

CLAIMS AS FILED - PART I

| [Column 1] | | [Column 2] | |
|---------------------|--------------|--------------|--|
| BASIC FEE | PAID IN FULL | PAID IN FULL | |
| (1) FEE = 150.00 | | | |
| 10% OF CLAIMS | | | |
| (2) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (3) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (4) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (5) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (6) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (7) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (8) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (9) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (10) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (11) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (12) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (13) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (14) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (15) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (16) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (17) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (18) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (19) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (20) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (21) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (22) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (23) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (24) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (25) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (26) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (27) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (28) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (29) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (30) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (31) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (32) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (33) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (34) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (35) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (36) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (37) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (38) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (39) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (40) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (41) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (42) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (43) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (44) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (45) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (46) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (47) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (48) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (49) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (50) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (51) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (52) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (53) FEE = 150.00 | | | |
| PAID IN FULL CLAIMS | | | |
| (54) FEE = 150.00 | | | |

CLAIMS AS AMENDED - PART II

| AMENDMENT A | Column 1 | Column 2 | Column 3 |
|--|---------------------------------|------------------------------------|---------------|
| 10-24-95 | CLASS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| AF | 13 | 20 | 0 |
| TOTAL (31 CFR 1.1640) | 13 | 20 | 0 |
| INDEPENDENT (31 CFR 1.1640) | 4 | 5 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.1640) | | | |

| AMENDMENT B | Column 1 | Column 2 | Column 3 |
|--|---------------------------------|------------------------------------|---------------|
| 11-13-97 | CLASS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| AF | 13 | 20 | 0 |
| TOTAL (31 CFR 1.1640) | 13 | 20 | 0 |
| INDEPENDENT (31 CFR 1.1640) | 4 | 5 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.1640) | | | |

| AMENDMENT C | Column 1 | Column 2 | Column 3 |
|--|---------------------------------|------------------------------------|---------------|
| 4/28/06 | CLASS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| AF | 13 | 20 | 0 |
| TOTAL (31 CFR 1.1640) | 13 | 20 | 0 |
| INDEPENDENT (31 CFR 1.1640) | 4 | 5 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.1640) | | | |

| SMALL ENTITY | RATE | ADDITIONAL FEE |
|----------------|------|----------------|
| \$ 1 | | |
| \$ 2 | | |
| \$ 3 | | |
| TOTAL ADDL FEE | | |

| OTHER THAN SMALL ENTITY | RATE | ADDITIONAL FEE |
|-------------------------|------|----------------|
| \$ 1 | | |
| \$ 2 | | |
| \$ 3 | | |
| TOTAL ADDL FEE | | |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" on THIS SPACE is less than 70, enter "70".
 *** If the "Highest Number Previously Paid For" on THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, (TO or process) an application for 31 CFR 1.16, the information is required to be provided.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11. This collection is estimated to take 17 minutes to complete. On the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 15080, Alexandria, VA 22313-1508. DO NOT SEND FEES OR PAYMENTS FOR THIS FORM TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1508, Alexandria, VA 22313-1508.

if you need a reference on translation the form, call 1 800 811-9199 and ask for extension 2